

## Division of Driver Licensing MEDICAL REVIEW BOARD AFFIDAVIT

This affidavit is used to report a driver with a possible physical/mental impairment. Upon receipt of this report, the Division of Driver Licensing, Medical Review Board will review and investigate. This form may be used by physicians, city/county officials, police, or citizens. If completed by citizens, two signatures are required.

DOB  SS CITY STATE ZIP  Tit the above named individual safely operate a motor vehicle. List witnessed unsafe driving behaviors, medical ailments, or incident leading to this affidavit. (If additional space is required, please attach al sheets. Also note: We are required to release this document upon request by the individual named nort.)  Physician/Official/Citizen) LAST TITLE(If applicable)  SS CITY STATE ZIP  Physician/Official/Citizen) LAST TITLE(If applicable)  Physician/Official/Citizen) LAST TITLE(If applicable)  SS CITY STATE ZIP	FIRST ( <i>Driver information</i> )		LAST	
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